| Major Donor and  |   |  | MAJOR DONOR  | COMMITTEE STATEMEN   |  |
|--|---|--|--|--|--|
| Independent Expenditure Committe<br>Campaign Statement<br>(Government Code Sections 84200-84216.5)   | ЭС Туре   | or print in ink.   | Date Stamp   | CALIFORNIA 461 FORM  |  |
|  | Statement covers period from01/01/2009  | Date of election if applicable:<br>(Month, Day, Year)  |  | 1/3 For Official Use Only  |  |
| SEE INSTRUCTIONS ON REVERSE  | through06/30/2009   | -  |  |  |  |
| 1. Name and Address Of Filer  NAME OF FILER (Include name(s) of all affiliated entities whose contributions are included in this statement.)  California Restaurant Association Including Aggregated Contributions  MAILING ADDRESS  (NO. AND STREET)  CITY  STATE ZIP CODE  Sacramento  CA 95814  RESPONSIBLE OFFICER (If filer is other than an individual)  Jot Condie  2. Nature and Interests of Filer (Complete each applicable section.)  A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, ADDRESS, AND BUSINESS INTERESTS OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, ADDRESS, AND NATURE OF THE BUSINESS  NAME OF EMPLOYER/BUSINESS  BUSINESS INTERESTS  |   | 3. Summary  (Amounts may be rounded to whole dollars.)  1. Expenditures and contributions   (including loans) of \$100 or more   made this period. (Part 5.) |  |  |  |
| A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE TENGAGED  A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SPINAR ASSOCIATION MUST PROVIDE ASSOCI | ECIFIC DESCRIPTION OF ITS INTERESTS  Ses (359600-SSD)  OR ASSOCIATION MUST DESCRIBE THE | the laws of the State of Ca  | e diligence in preparing at to the best of my known decomplete. I certify differnia that the foregoder | g this statement. I have nowledge the information under penalty of perjury under bing is true and correct. |  |

## Major Donor and Independent Expenditure Committee Campaign Statement

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND MAJOR DONOR COMMITTEE STATEMENT

| Statement covers period |            | CALIFORNIA | 161 |
|-------------------------|------------|------------|-----|
| from                    | 01/01/2009 | FORM       | 401 |
|                         |            |            |     |
| through                 | 06/30/2009 | 2/3        |     |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Restaurant Association Including Aggregated Contributions

| 5. | Contributions | (Including | Loans, For | giveness of | Loans, and L | oan Guarantees) | and Expenditures I | Made |
|----|---------------|------------|------------|-------------|--------------|-----------------|--------------------|------|
|    |               |            |            |             |              |                 |                    |      |

(If more space is needed, use additional copies of this page for continuation sheets.)

| DATE       | NAME AND ADDRESS OF PAYEE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)         | TYPE OF PAYMENT   | DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN) | CANDIDATE AND OFFICE,<br>MEASURE AND JURISDICTION,<br>OR COMMITTEE | AMOUNT THIS<br>PERIOD | CUMULATIVE AMOUNT<br>RELATIVE TO THIS<br>CANDIDATE, MEASURE,<br>OR COMMITTEE |
|------------|---|---|--|--|-----------------------|--|
| 06/08/2009 | San Diego Restaurant and Beverage PAC  San Diego CA 92119 ID: Reference No: | Monetary Contribution  Loan  Non-Monetary Contribution  Independent Expenditure | Fundraiser - Pay -<br>ee:Hilton San<br>Diego Resort &<br>Spa         | NO:  Support Dppose  | (15200.00)            | Calendar Year  \$(15200.00) Other  |

SUBTOTAL \$

0.00

## **TEXT ANNOTATION**

## PAGE 0

**Schedule** F461P5 **Reference No:** NON5

\*\*\*Contribution Made By: CA Restaurant Association,San Diego Chapter